

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	100	7534	
O.I.P.E. CLASSIFIER			10 10-12-00
FORMALITY REVIEW	WM	869	11-02-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	10/27/00
2	✓ 10/27/00
3	✓ 10/27/00
4	0 10/27/00
5	0 10/27/00
6	✓ 10/27/00
7	✓ 10/27/00
8	0 10/27/00
9	0 10/27/00
10	✓ 10/27/00
11	✓ 10/27/00
12	✓ 10/27/00
13	✓ 10/27/00
14	✓ 10/27/00
15	0 10/27/00
16	0 10/27/00
17	✓ 10/27/00
18	✓ 10/27/00
19	0 10/27/00
20	0 10/27/00
21	✓ 10/27/00
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29	✓ 10/27/00
30	0 10/27/00
31	0 10/27/00
32	✓ 10/27/00
33	✓ 10/27/00
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If more than 150 claims or 10 actions  
staple additional sheet here

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